

Jurisdiction C Council/CGS Meeting Minutes
Permobil, Lebanon, TN
Wednesday, August 10, 2016
8:30AM – 12:00PM

- I. CBIC Update
 - a. Current status of R2RC
 - i. R2RC transitioned smoothly on July 01, 2016.
 - b. Current status of R1 2017
 - i. Bona fide bid request were sent to bidders in July.
 - ii. Announcement of bid winners, single payment amounts, and contract offers this fall.
 - iii. On target to meet the January 1, 2017 timelines.
 - iv. Once disqualification letter is received bidder can submit inquiry regarding disqualification.
 - v. 2019 bidding process will begin in 2017. Keep all license up to date in PECOS.
 - c. Contract award disqualification based on non-applicability of licensure – development process not clear to providers that they need to submit specific exemption documentation. There is no license to submit to the NSC, and CBIC development generically states to make sure the NSC has all applicable licenses.
 - i. No mechanism in PECOS to load exemptions. Providers exempt from licensure should submit an attestation signed by the authorized official to CBIC during preliminary evaluations to prove exemption.
 - ii. 2019 bidding process will contain more specific licensure notification.
 - iii. CBIC will revise education regarding “applicable” licensure.
 - iv. Proposed rule CMS – 1651 – P. Accepting comments until August 22, 2016. If proposed rule is implemented will raise bid ceiling to 2015 fee schedule. Will require the bidder obtain a surety bond which will be forfeited in the event the bidder does not accept a contract offer.
- II. Provider Outreach and Education – Michael Hanna
 - a. Educational Initiatives.
 - i. Currently conducting 15-20 webinars monthly. September webinar schedule anticipated release date of August 12, 2016.
 - ii. CAHABA collaborations to provide physician education regarding documentation requirement.
 - iii. Atlanta workshop scheduled August 23, 2016. Dallas workshop scheduled for September 14, 2016.
 - b. Update on Jurisdiction B MAC transition:
 - i. Transition was smooth. Conducted a series of introduction and get to know us webinars prior to the transition.
 - ii. Community coach assignments completed (handouts provided).
 - iii. Jurisdiction C community coach assignment updates were provided via handouts.
- III. CGS Discussion topics
 - a. myCGS Updates/Enhancements
 - i. myCGS Version 3 issues/concerns:
 - 1. Billing Services adding NPIs – “Approver Form” Not Applicable. Adding a role for billing vendors or clearinghouses.
 - 2. Document Uploading Capability ETA Version 3.1 in testing phase, anticipate release this fall.
 - 3. Browser compatibility – changing NPIs Request reinstate add NPI option on myCGS website.
 - ii. EIDM myCGS Multi-Factor Authentication
 - 1. Unbearable repeat authentications in same session at every page change. Did not duplicate on laptop will continue testing.
 - iii. EIDM Identity Verification Enhancements
 - Registrations completed prior to August 19, 2016 are grandfathered in. After August 19, 2016 registrant will be required to verify data from their credit records via Experian. Revised registration guide will be available after August 22, 2016.
 - b. Complex Rehab legislation exempts from national pricing – systems update/status. As of July 1 claims are processing and paying correctly. No problems noted. No plans to change KU or KY modifier in 2016.
 - c. Repair/Replacement Educational Article MM9579 – Pricing considerations, capped rental accessory system considerations (purchase only), additional discussion. System has the ability to process capped rental items as purchases as long as the item is billed as a repair.
 - d. MACs educational bulletin on K0108s, additional discussion.

- Use of miscellaneous codes versus appropriate codes. Miscellaneous codes are for items without a HCPCS code.
- e. MAC educational bulletin on Correct Coding, additional discussion. Consolidated to a single location an article of correct coding. Coding advice and education only. The intent is to ensure item is coded correctly, not eliminate the miscellaneous codes.
- IV. Medical Policy Updates and Noteworthy Medical Review Updates – Dr. Hoover
- a. Collaborations with DMDs in new MAC consolidations – any changes in collaboration initiatives? Work groups just being formed for the two contractors with four contracts. Anticipate meetings within next month. Nothing to report at this time, no anticipated changes to the process.
 - b. Update on new audits and closed audits. No changes at this time. Attempting to harmonize between Jurisdiction B and C. No anticipated delay in quarterly audit result report for Jurisdiction C.
 - c. Update on provider exemptions for low error rates. Sixteen companies, six different edits. Some companies who were exempt have met the one year exemption and have been removed from the exemption list.
 - d. CGS Connect – Status Update – Products – Trends. Currently all products audited are loaded into connect. Anticipate all products in connect by fourth quarter 2016. Provider participation is low. Recommend testimonials for buy in purposes. Oxygen is expedited and will call the provider prior to the 10 day timeline if issues are noted.
 - e. Current concerns of MR in data analysis or review of documentation. Long term project with CMS to review manuals and policies to see which can be removed from the LCD's and/or policy articles.
 - f. LCD updates. No new updates. Anticipate standardized documentation language changes in the future. Goal is to house in one area for simplification of revisions.
 - g. Prior Authorization Expansion for DME discussions. 60 days prior to implementation CMS will publish in the Federal Register.
 - h. Ventilator Education Document Progress. Pending CMS decision on formal LCD request. No updates, suspended reviews in Jurisdiction C and B.
- V. New Items for Discussion
- a. CGS Collaborations
 - i. QIC's – would CGS consider similar project. Possibly a telephone conversation prior to ALJ hearings.
 - ii. Additional plans to reduce the appeals backlog are being reviewed.
 - b. CPAP and RAD accessories update
 - i. Apply only if Medicare was the payer and thirteen payments have been made.
 - ii. Medical review will follow what is in the change request.
 - iii. Unsure how this will be operationalized, cannot speak for ZPIC auditors.
 - iv. Grace period is to give additional time for competitive bid winners to obtain. documentation. Deadline for grace period is October 31, 2016.
- VI. Discussion of Council Q&A
- a. MAC Q & A Review August 2016.
- VII. Recap of Agreed upon Follow-up Action Items from this meeting and responsible parties. Not discussed.
- VIII. Upcoming Meeting Dates:
- a. October 18/19 (Medtrade October 31 - Nov 3, 2016)
 - b. January 24/25
 - c. April 18/19
 - d. Propose: August 29/30 (Confirmed)
- IX. Meeting Adjourned
There being no further business, the meeting was adjourned.

Respectfully submitted,
Lisa Wells